

## APPLICATION FORM FOR JOINT ACCOUNT APPLICANT

A reference in this Application Form to Admiral Markets is (unless otherwise defined) a reference to Admiral Markets Pty Ltd (ACN 151 613 839), AFSL 410 681 its associates and its successor and assignee from time to time.

### SECTION 1: APPLICANT 1 PERSONAL INFORMATION

Surname:	<input type="text"/>
First name:	<input type="text"/>
Other given name(s):	<input type="text"/>
Former name(s):	<input type="text"/>
Date of Birth:	<input type="text"/>

### SECTION 2: APPLICANT 1 IDENTIFICATION INFORMATION

*For electronic verification and fast account approval, please provide the details below*

#### 1) Australian Drivers License:

Licence number:	<input type="text"/>
State issued within Australia:	<input type="text"/>
Date of expiry:	<input type="text"/>
Card Number:	<input type="text"/>

AND

#### 2) Australian Passport :

Passport number:	<input type="text"/>
Country of birth:	<input type="text"/>
Place of Birth:	<input type="text"/>

OR

#### 3) Australian Medicare:

Medicare number	<input type="text"/>
Reference number (alongside name):	<input type="text"/>

### SECTION 3: APPLICANT 1 RESIDENTIAL ADDRESS AND CONTACT INFORMATION

Street:	House:	App#:
City:	State/Region:	Post code:
Country:		

Please include previous residential address if currency tenancy is less than 3 years.

Street:		House:	App#:
City:	State/ Region:	Country:	Post code:
Phone:		Mobile:	
E-mail:			

## SECTION 4: OTHER INFORMATION

### 1) Investment objectives and experience

Preservation of Capital: <input type="checkbox"/>	Income: <input type="checkbox"/>	Growth: <input type="checkbox"/>	Trading profits: <input type="checkbox"/>	Speculation: <input type="checkbox"/>	Hedging: <input type="checkbox"/>
Stocks: <input type="checkbox"/> Years Trading: <input type="text"/>	Currencies: <input type="checkbox"/> Years Trading: <input type="text"/>	Futures: <input type="checkbox"/> Years Trading: <input type="text"/>			
Commodities: <input type="checkbox"/> Years Trading: <input type="text"/>	Options: <input type="checkbox"/> Years Trading: <input type="text"/>	Additional: <input type="text"/>			
How did you hear about us? <input type="text"/>					
Which broker(s) did you trade with? <input type="text"/>					

### 2) Financial information

Estimated Initial Deposit: <input type="text"/>	Annual Net Income: <input type="text"/>
Total Assets: <input type="text"/>	Liquid Assets: <input type="text"/>
Source of Funds (salary, investments etc.): <input type="text"/>	

### 3) Employment details

Employed: <input type="checkbox"/>	Unemployed: <input type="checkbox"/>	Retired: <input type="checkbox"/>	Student: <input type="checkbox"/>
Occupation: <input type="text"/>	Industry: <input type="text"/>		

## SECTION 5: ACCOUNT INFORMATION

I would like to open the following type of account(s): Micro: <input type="checkbox"/> Standard: <input type="checkbox"/> Professional: <input type="checkbox"/>			Main Currency: AUD: <input type="checkbox"/> USD: <input type="checkbox"/> Other: <input type="text"/>		
Promo/Referral Code: <input type="text"/>			Phone Dealing Password: <input type="text"/>		

**SECTION 6: AUTHORITY**

I/We, hereby declare that by signing this Application Form:

1. I/We confirm that I/we have received, read and understood the following documents:
  - [Admiral Markets Product Disclosure Statement](#);
  - [Admiral Markets Financial Services Guide](#); and
  - [Admiral Markets Account Terms](#);
2. I/We apply for an Account on the terms of and agree to be bound by the Admiral Markets Account Terms;
3. I/We agree and consent that Admiral Markets may collect, retain, store, use and disclose information about me/us and, if applicable, my/our directors, officers, agents, beneficiaries and authorised representatives for the purposes of operating my/our Account, implementing transactions permitted to be made for it, complying with legal obligations or as I/we authorise from time to time. I/We agree that this information may be disclosed to associates of Admiral Markets or to service providers for my/our Account, and may be used by any of them only for the purposes of our Account;
4. For Anti Money Laundering and Counter-Terrorism Financing, I/we confirm that I/we have
  - a. Not been subject to bankruptcy proceedings in the past 7 years;
  - b. Not been refused credit or financing;
  - c. Not had, nor currently have a criminal record;
  - d. Not been banned from holding office as a company director
5. I/We acknowledge and agree that an Account for me/us will be established on the Account Terms applying to this Application Form; and
6. the information that I/we have supplied in this Application Form is true and correct and not misleading.

Date of Execution  
(DD/MM/YYYY):

**Applicant 1**

Given Name (First Name):

Surname:

Signature: